

# EDITORIALS

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## Of Elections, Majority Rule and Special Interests

MOST AMERICANS HOLD to the view that our system of government, imperfect as it may be, is the best in the world and they seldom question its workings. A keystone of this system is that the majority shall rule and that the will of the majority is expressed in local, state and national elections. The right to vote in these elections was and still is treasured. But even so, there seems to be a growing sense of apathy among many voters and a disturbing disinterest in participating in the voting process, especially among the young. Perhaps it is time to examine what seems to be happening.

A national election, and particularly a Presidential election, focuses attention on the voting process. One senses that the name of this game is to get elected and that there is a lot more to getting elected than dutifully reflecting the views of a majority of the voters. Actually the process gives only token opportunity for expression of the voters' views. The majority is largely silent and certainly inactive when compared with many special interest groups which in reality often reflect more the views of their leadership than those whom they purport to represent, that is, the silent majority. Certainly the process of selecting candidates for President and other high public offices gives precious little attention to the issues that may concern the public. Even on election day the issues still take second place because most of them are not on the ballot. Restricted to voting for the candidates, many voters would actually opt for "none of the above" could they do so. All of this suggests that the theory of majority rule is just that, a theory, and that elections really mean very little in terms of majority rule.

But in all fairness to the system, the issues are too many and too complex to be decided by a majority voting for one candidate or another, or one political party or another. The danger lies in assuming that a majority agrees with everything that a successful candidate or political party has

espoused. It may be forgotten that both major political parties contain a wide spectrum of views on many issues and many, if not most, thoughtful voters are conservative on some issues and liberal on others. So it turns out that an elected candidate may have little if any real knowledge about the will of the majority on many issues, since the only will that was expressed was that he or she be elected rather than an opponent. The majority was silent on other issues and there are no hard data from the election unless (in those states where it is possible) there happened to be an initiative or referendum on a particular issue on the ballot.

If majority rule with respect to the issues is working no better than it appears to be in practice, then what if anything is taking its place? It is suggested that the real influence or power now seems to lie with special interest groups. These have come to cover virtually the whole reach of the social, economic and political spectrum and are even to be found within the bureaucracy of government itself. Elected officials, whether in the legislative or executive branches of government, are beholden to and dependent upon special interest groups for information, expertise and support—whether these be consumer groups, ethnic minorities, trade unions, small or large businesses or industries, professional associations, or non-elected persons or groups in the growing legislative or administrative bureaucracies of government. In this environment the great majority, represented by the average citizen who produces the gross national product and pays taxes to support the government and all its works, generally remains silent and certainly does not decide very much. Only occasionally is there a protest such as the widely publicized Proposition 13 in California, but even this is a far cry from majority rule.

Organized medicine has begun to learn to play this new political game, and with some growing skill and effectiveness. But it has yet to bring the

full strength of medicine, the other health professions and indeed the whole health care enterprise fully to bear. It is true that physicians represent a special interest group on the political scene, but what is not so generally recognized is that their special interest (and that of the larger health care enterprise) is a very broad one. It reaches out to that huge silent majority which seems somehow to have become disenfranchised and replaced by sometimes powerful and sometimes just vociferous special interest groups promoting special causes. Medicine, with its genuine concern with human health and well-being, can touch just about everyone everywhere. And this could be important for the future of this profession.

The medical profession is now being seriously challenged for its leadership in health care, and let there be no doubt about this. The future role of physicians in medical practice will be quite different if some advocates of formidable special interest groups in both the public and private sectors have their way. It is not too soon for the medical profession to get even further into the political game as it is now being played. It is time to begin to mobilize its colleagues in the health professions and in the health care enterprise and to find genuine solutions to the health care problems that concern the public. Particularly, it is time for the profession to begin to identify itself clearly with the special interests of that huge, silent majority, the American public, that is concerned with personal health, well-being and quality of life. The role should be a familiar one for physicians. Quite simply it is the familiar doctor-patient relationship, but in a new and much broader dimension. One might add that, as is so often the case in medical practice, the time is short and the occasion instant.

—MSMW

## Iatrodemics and Iatrodemiology

CLEARLY MEDICAL SCIENCE has made major advances possible in patient care during the past 50 years, and the lives of millions of patients have been improved. But there is another side to this coin. In retrospect, some of what was accepted as good scientific medical practice, often over a period of many years, subsequently—with further

data and further progress in research—turns out not to have been as beneficial as was thought or even to have been harmful. Sometimes this occurs on a substantial scale, even reaching epidemic proportions. This phenomenon may be described by the term *iatrodemic*, which means iatrogenic disabilities on an epidemic scale.

For example, between 1961 and 1970 many thousands of patients were diagnosed as suffering from pulmonary embolism based on what was thought to be a good clinical history and the use of an advance in technology, the perfusion lung scan. It has become clear that many of the cold spots found on perfusion scanning were non-specific and did not represent pulmonary embolism. A conservative estimate is that 80 percent of those patients diagnosed as having pulmonary embolism between 1961 and 1970 did not have it.<sup>1-3</sup> This very large number of patients were mistreated in terms of what we know now. Therefore, based on what we do know today, one can say that an epidemic of iatrogenic disease and disability, an iatrodemic, occurred as a result of treating a very large number of patients, often very aggressively, for pulmonary embolism that most did not have. This iatrodemic arose primarily because there never had been and still has not been an adequate randomized prospective trial validating the accuracy of ventilation and perfusion scanning in pulmonary embolism.

For another example, for many years (probably since 1907<sup>4</sup>) radical mastectomy was the treatment of choice for carcinoma of the breast. There is no way to estimate accurately the number of patients treated in this way, but the figure may run into the millions. In 1955 a Scottish physician, McWhirter, published a report of a small series of patients that suggested that simple excision of tumor followed by radiation therapy gave results that were as good as those of radical mastectomy.<sup>5</sup> However, these results and similar results by others were either ignored or discounted. But during the past five years substantial data have accumulated to show that in cases of localized breast tumor, the use of lumpectomy plus radiation produces survival rates not significantly different from those of radical mastectomy.<sup>6</sup> Although the issue has not been entirely settled, many experts now accept the latter approach as at least an acceptable alternative; thousands of women are being spared a physically and emotionally damaging procedure because